



State of California

P.O. Box 997350, MIC 99
Sacramento CA 95899-7350
(916) 651-6945

Transmittal Date: _____

TRANSMITTAL FOR INDEPENDENT CONTRACTOR (IC) REPORTING

PART I - TRANSMITTER / CONTACT INFORMATION

Transmitting Firm Name and Address:

Transmitting Firm's FEIN or State Employer Account Number:

Transmitting Firm's Contact Person:

Name:

Phone:

PART II - FIRM(S) BEING REPORTED

(Attach additional sheets if needed. Computer printouts of the required data may also be attached).

Business or Government Entity (Firm #1):

Business or Government Entity (Firm #2):

FEIN or State ID Number:

No. IC's Reported:

FEIN or State ID Number:

No. IC's Reported:

Business or Government Entity (Firm #3):

Business or Government Entity (Firm #4):

FEIN or State ID Number:

No. IC's Reported:

FEIN or State ID Number:

No. IC's Reported:

Business or Government Entity (Firm #5):

Business or Government Entity (Firm #6):

FEIN or State ID Number:

No. IC's Reported:

FEIN or State ID Number:

No. IC's Reported:

Business or Government Entity (Firm #7):

Business or Government Entity (Firm #8):

FEIN or State ID Number:

No. IC's Reported:

FEIN or State ID Number:

No. IC's Reported:

Total Number of Independent Contractors Reported on File: _____

PART III - MAGNETIC MEDIA FILE INFORMATION

☐ 9 Track Magnetic Tape

☐ 3480 Cartridge

☐ 3490 Cartridge

Internal Label:

☐ Yes

☐ No

☐ Diskette:

☐ 5¼ Inch

☐ 3½ Inch